



State of Utah

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Deputy Director

Health Care Financing

Michael T. Hales
Division Director

December 28, 2006

Ms. Mary Kissell
Center for Medicare and Medicaid Services
The Colorado State Bank Building
1600 Broadway, Suite 700
Denver, Colorado 80202

Dear Ms. Kissell,

Please find enclosed Utah's CMS-372(S) report for Renewal Year 5 (SFY 06) and the CMS-372(S) lag report for Renewal Year 4 (SFY 05) for our Home and Community Based Services Waiver for Individuals with Physical Disabilities 18 and Over (waiver # 0331.01).

Please contact Tonya Keller at (801) 538-9136 if you have any questions regarding these reports.

Sincerely,

Michael Hales, Director
Division of Health Care Financing

Attachments

c: Tonya Keller



Utah
Department
of Health
Promote Prevent Protect

288 North 1460 West • Salt Lake City, UT
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Annual Report on Home and Community-Based Services Waivers

(Instructions for completing this form are found in Section 2700.6 of the State Medicaid Manual)

State: **UTAH**Department of Health and Human Services
Health Care Financing Administration
Forms Approved QMB No. 0938-0272
Expires: February 28, 1998Reporting Period: **07/01/2005 - 06/30/2006**Waiver Number: **0331.90.01**Waiver Year: Renewal Year: **5**Waiver Title: **HCBW for Individuals with Physical Disabilities 18 and over**Report Type: **Initial**Level/s of Care in Approved Waiver: **NF**

Page 1 of 4

I. Annual Section 1915(c) Waiver Expenditures

- A. HCFA approved section 1915(c) waiver services recipients
-
- (Specify each service as in the approved waiver.)

A.1	Consumer Preparation	16
A.2	Emergency Response System	67
A.3	Local Area Support Coordination Liaison	99
A.4	Personal Attendant Services	127
A.5		
A.6		
A.7		
A.8		
A.9		
A.10		
A.11		
A.12		
A.13		
A.14		
A.15		
A.16		
A.17		
A.18		
A.19		
A.20		

- B. Total Unduplicated Section 1915(c) waiver recipients served

128

State: UTAH

Reporting Period: 07/01/2005 - 06/30/2006

Waiver Number: 0331.90.01

Level/s of Care in Approved Waiver: NF

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II. Annual Section 1915(c) Waiver Expenditures

- A. Total HCFA approved section 1915(c) waiver services expenditures
(Specify each service as in the approved waiver.) \$1,787,046.50

A.1	Consumer Preparation	\$365.76
A.2	Emergency Response System	\$23,574.58
A.3	Local Area Support Coordination Liaison	\$33,644.37
A.4	Personal Attendant Services	\$1,729,461.79
A.5		
A.6		
A.7		
A.8		
A.9		
A.10		
A.11		
A.12		
A.13		
A.14		
A.15		
A.16		
A.17		
A.18		
A.19		
A.20		

- B. Average per capita Section 1915(c) waiver services expenditures
(Actual Factor D value/s) \$13,961.30

- III. Average per capita annual expenditures for all other Medicaid services to waiver recipients including home health, personal care, adult day health and expanded EPSDT service expenditures (Actual Factor D' values) \$14,970.87**

State: UTAH

Reporting Period: 07/01/2005 - 06/30/2006

Waiver Number: 0331.90.01

Level/s of Care in Approved Waiver: NF

Page 3 of 4

IV. 1915(c) Waiver Cost-Neutrality Formula

$$D + D' \leq G + G'$$

$$\begin{array}{rccccccc} \$13,961.30 & + & \$14,970.87 & \leq & \$27,726.00 & + & \$5,580.00 \\ & & \$28,932.17 & \leq & \$33,306.00 & & \end{array}$$

To compute the cost neutrality formula, add the actual D (section II.B.1) plus the actual D' (section III) on the HCFA-372(s). The sum of D plus D' must be less than or equal to the sum of the estimated G plus G' in the approved waiver request.

*If D + D' is greater than G + G', attach an explanation to Form HCFA-372(s) with documentation to support revision of G and or G'.

V. Other Required Data

- A. 1. Total days of waiver coverage: 37,721
2. Average length of stay of waiver coverage by level of care: 295
(Total days of coverage divided by line B.1. of section I)
- B. Attach a lag report for the previous year of this waiver (including renewals and replacements) or an explanation of why there is no lag report.
- C. Impact of the waiver on the health and welfare of the recipients. Complete items 2 through 7 only if you are submitting an initial report.

Assurances: (Please check)

- ☐ 1. Assurances were submitted with the initial report.

Documentation: (Please check and attach)

- ☒ 2. All provider standards and health and welfare safeguards have been met and corrective actions have been taken where appropriate.
- ☒ 3. All providers of waiver services were properly trained, supervised, and certified and/or licensed, and corrective actions have been taken where appropriate.
- ☒ 4. Attached is a brief description of the process for monitoring the safeguards and standards under the waiver.

STATE ORGANIZATION AND GENERAL ADMINISTRATION
Annual Report on Home and Community-Based Services Waivers

State: UTAH

Reporting Period: 07/01/2005 - 06/30/2006

Waiver Number: 0331.90.01

Level/s of Care in Approved Waiver: NF

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Findings of Monitoring: (Please check and attach documentation if appropriate).

- ☐ 5. No deficiencies were detected during the monitoring process; or
- ☒ 6. Deficiencies were detected. Attached is a summary of the significant areas where deficiencies were detected, (Note: Individual reports or assessment forms for waiver individuals and/or providers disclosing deficiencies and which document the summary, are not necessary); and
- ☒ 7. Attached is an explanation of how these deficiencies have been, or are being corrected as well as an explanation of what steps have been taken to ensure that the deficiencies do not recur.

Certification: I do certify that the information shown on the Form HCFA 372(s) is correct to the best of any knowledge and belief.

Signed:

Title: Director, Division of Health Care Financing

Date:

Contact Person: Jason StewartTelephone Number: (801) 538-9144

Annual Report on Home and Community-Based Services Waivers

(Instructions for completing this form are found in Section 2700.6 of the State Medicaid Manual)

State: **UTAH**Department of Health and Human Services
Health Care Financing Administration
Forms Approved QMB No. 0938-0272
Expires: February 28, 1998Reporting Period: **07/01/2004 - 06/30/2005**Waiver Number: **0331.90.01**Waiver Year: Renewal Year: **4**Waiver Title: **HCBW for Individuals with Physical Disabilities 18 and over**Report Type: **Lag**Level/s of Care in Approved Waiver: **NF**

Page 1 of 4

I. Annual Section 1915(c) Waiver Expenditures

- A. HCFA approved section 1915(c) waiver services recipients
-
- (Specify each service as in the approved waiver.)

A.1	Consumer Preparation	10
A.2	Emergency Response System	50
A.3	Local Area Support Coordination Liaison	81
A.4	Personal Attendant Services	111
A.5		
A.6		
A.7		
A.8		
A.9		
A.10		
A.11		
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A.14		
A.15		
A.16		
A.17		
A.18		
A.19		
A.20		

- B. Total Unduplicated Section 1915(c) waiver recipients served

112

STATE ORGANIZATION AND GENERAL ADMINISTRATION
Annual Report on Home and Community-Based Services Waivers

State: UTAH

Reporting Period: 07/01/2004 - 06/30/2005

Waiver Number: 0331.90.01

Level/s of Care in Approved Waiver: NF

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II. Annual Section 1915(c) Waiver Expenditures

- A. Total HCFA approved section 1915(c) waiver services expenditures
(Specify each service as in the approved waiver.) \$1,747,272.79

A.1	Consumer Preparation	\$218.28
A.2	Emergency Response System	\$17,239.00
A.3	Local Area Support Coordination Liaison	\$29,561.18
A.4	Personal Attendant Services	\$1,700,254.33
A.5		
A.6		
A.7		
A.8		
A.9		
A.10		
A.11		
A.12		
A.13		
A.14		
A.15		
A.16		
A.17		
A.18		
A.19		
A.20		

- B. Average per capita Section 1915(c) waiver services expenditures
(Actual Factor D value/s) \$15,600.65

- III. Average per capita annual expenditures for all other Medicaid services to waiver recipients including home health, personal care, adult day health and expanded EPSDT service expenditures (Actual Factor D' values)** \$16,252.24

State: UTAH

Reporting Period: 07/01/2004 - 06/30/2005

Waiver Number: 0331.90.01

Level/s of Care in Approved Waiver: NF

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IV. 1915(c) Waiver Cost-Neutrality Formula

$$D + D' \leq G + G'$$

$$\begin{array}{rccccccc} \$15,600.65 & + & \$16,252.24 & \leq & \$27,182.00 & + & \$5,471.00 \\ & & & & & & \\ & & \$31,852.89 & \leq & \$32,653.00 & & \end{array}$$

To compute the cost neutrality formula, add the actual D (section II.B.1) plus the actual D' (section III) on the HCFA-372(s). The sum of D plus D' must be less than or equal to the sum of the estimated G plus G' in the approved waiver request.

*If D + D' is greater than G + G', attach an explanation to Form HCFA-372(s) with documentation to support revision of G and or G'.

V. Other Required Data

- A. 1. Total days of waiver coverage: 36,718
2. Average length of stay of waiver coverage by level of care: 328
(Total days of coverage divided by line B.1. of section I)
- B. Attach a lag report for the previous year of this waiver (including renewals and replacements) or an explanation of why there is no lag report.
- C. Impact of the waiver on the health and welfare of the recipients. Complete items 2 through 7 only if you are submitting an initial report.

Assurances: (Please check)

- ☒ 1. Assurances were submitted with the initial report.

Documentation: (Please check and attach)

- ☐ 2. All provider standards and health and welfare safeguards have been met and corrective actions have been taken where appropriate.
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- ☐ 4. Attached is a brief description of the process for monitoring the safeguards and standards under the waiver.

STATE ORGANIZATION AND GENERAL ADMINISTRATION
Annual Report on Home and Community-Based Services Waivers

State: UTAH

Reporting Period: 07/01/2004 - 06/30/2005

Waiver Number: 0331.90.01

Level/s of Care in Approved Waiver: NF

Page 4 of 4

Findings of Monitoring: (Please check and attach documentation if appropriate).

- ☐ 5. No deficiencies were detected during the monitoring process; or
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- ☐ 7. Attached is an explanation of how these deficiencies have been, or are being corrected as well as an explanation of what steps have been taken to ensure that the deficiencies do not recur.

Certification: I do certify that the information shown on the Form HCFA 372(s) is correct to the best of any knowledge and belief.

Signed:

Title: Director, Division of Health Care Financing

Date:

Contact Person: Jason StewartTelephone Number: (801) 538-9144

PD Waiver Quality Assurance Monitoring Activities FY 2006

FY 2005 Annual Review

The FY 2006 Review of the Physical Disabilities Waiver focused on the assurances of Financial Accountability and Plans of Care. Participant information related to claims data and plans of care from FY 2006 was examined to determine compliance with aspects of these assurances. The findings of the review resulted in one deficiency related to Financial Accountability. The deficiency and corrective action are listed below.

Assurance: Financial Accountability

Deficiency: Service billing claims for Personal Care services exceeded the budgeted amount listed on four of the participant's Service Plans.

Corrective Action:

- Funds expended in excess of the budgeted amount will be recouped.
- DSPD will submit a plan that assures that the PD participant expenditures are effectively tracked so they remain within budget.

Sustainability

The SMA will repeat a financial accountability evaluation in the FY 2007 PD Waiver review to ensure that DSPD has maintained appropriate budget monitoring procedures.

Other Quality Assurance Activities

- Disenrollments: The DHCF/LTCB reviews and approves or disapproves all non-routine disenrollments from the PD Waiver. This quality monitoring activity assures that the disenrollments are appropriate and that appropriate discharge planning has taken place. There were no non-routine disenrollments for the PD Waiver in FY 2006.
- Quality Contract: The DCHF/LTCB continues to have a Quality Contract with the Bureau of Health Facility Licensure, Certification and Resident Assessment. This agency of the Department of Health licenses all health care facilities in Utah. The contract stipulates that during annual on-site inspections the Bureau of Licensing will include in their review sample HCBS clients who have been identified by the DHCF/LTCB as receiving services by a licensed health care provider. When concerns are identified by the Bureau of Licensing, they will contact the DHCF/LTCB designee who will follow up with the appropriate waiver case management agency for resolution. Quarterly meetings were held with the Bureau staff to develop protocols to implement Home Health Agency reviews as a component of the contract. Implementation of this section of the contract significantly increases the number of Home Health Agency reviews that are conducted by the Health Department on an annual basis. This adds an additional component to the monitoring activities of the DHCF/LTCB to assure qualified providers (home health agencies in particular) and the health and welfare of waiver participants. In addition, training of licensors by the LTCB was conducted.
- The Utah Indian Health Advisory Board (UIHAB). The Utah Indian Health Advisory Board participated in a workgroup that was established to discuss the renewal of the PD Waiver (PD Waiver renewed July 1, 2007). The LTCB made a presentation to

the Utah Indian Health Advisory Board to educate the board about the waiver and notify them that it was time for renewal and to receive tribal consultation regarding the rewrite of the PD Waiver. Through the Utah Department of Health Indian Affairs Liaison attendance at the workgroup ongoing information was presented to the Board for information and input. The final draft was sent to the Board for any additional input. The Board also received information regarding the public comment period and a copy of the final Implementation Plan.

- LTCB Liaison for PD Waiver: This quality assurance/improvement initiative established a LTCB Liaison for the PD Waiver to coordinate and collaborate with DSPD, the operating agency for the PD Waiver. This initiative has been very successful and involved the following activities:
 - Technical advisor to the operating agency.
 - Reviewed and approved all policy, procedures, forms etc having to do with the waiver.
 - Worked with the operating agency personnel to trouble shoot/problem solve and assure any plan to correct is implemented and sustained.
 - Followed up on complaints made to DOH re: the waiver/operating agency.
 - Provided education to the operating agency re: Medicaid program and state plan services.
- PD Waiver R.N. Quality Assurance/Quality Improvement Position: DSPD has hired an R.N. to develop quality assurance/improvement initiatives for the PD Waiver. This individual has developed a reporting document that identifies participant concerns and how these concerns have been resolved. The information gathered from this document will be used to identify systemic issues and over time, it can be used to analyze trends. This information will be sent to the LTCB for review on an annual basis.
- Revision of the PD Waiver Support Strategies: Previously the support strategies that were part of the care plan were in a narrative format. The support strategies have been revised on a standardized form. This quality assurance initiative has enhanced the care planning process. An annual and semi-annual review of these health and welfare support strategies is conducted by the nurse coordinator. Included in the strategies that are addressed are: the participant: has a "back up" personal care attendant, the participant knows how to contact the nurse coordinator and if there are abuse issues.